

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO   | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         | BH       |         | 3/30/01  |
| O.I.P.E. CLASSIFIER       |          | 8       | 04/26/01 |
| FORMALITY REVIEW          | BZ       | TC3-883 | 05-04-01 |
| RESPONSE FORMALITY REVIEW |          |         |          |

INDEX OF CLAIMS

✓ ..... Rejected N .....  
 = ..... Allowed I .....  
 - (Through numeral)... Canceled A .....  
 + ..... Restricted O .....  
 ..... Interference  
 ..... Appeal  
 ..... Objected

**BEST AVAILABLE COPY**

| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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1-05-01  
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